

INCOME INFORMATION

Does anyone listed in household have income from a job? (yes/no) _____

If yes, please list information for each household member below and attach copies of prior months wage stubs.

NAME	EMPLOYER	DATE EMPLOYED	HOW OFTEN PAID	GROSS PAY

Did anyone listed in your household pay child support last month to someone outside the home? (yes/no) _____

If yes, how much? \$ _____ (Must attach proof or expense not allowed.)

Does anyone listed in your household have income from self-employment? (yes/no) _____

If yes, please send a copy of most recent federal income tax forms (Form 1040) for each person with self-employment.

Does anyone listed in your household have unearned income? (yes/no) _____

If yes, please fill out below and attach proof of this income. Attach additional lists if more room is needed.

SOURCE	WHO RECEIVED	AMOUNT	HOW OFTEN PAID
Social Security			
Supp Sec Income (SSI)			
TANF Grant, SAB, BP, SP, Foster Care			
Alimony or Child Support Child Support Case Number:			
Unemployment Comp.			
Veterans Benefits			
Pensions			
Railroad Retirement			
Rent-Land/Buildings			
Money from relatives/organizations			
Armed Forces Allotment			
Union Funds/Strike Benefits			
Workmen's Comp or Sick Benefits			
Other, Specify:			

RESOURCE INFORMATION. Yes or No must be completed. If yes, please complete amount of resources.

TYPE	YES	NO	HOW MUCH	TYPE	YES	NO	HOW MUCH
Checking: Single/Joint Acct				Stocks/Bonds and Mutual Funds			
Savings: Single/Joint Acct				IRA/KEOUGH and Deferred Compensation Plans			
Certificates of Deposits (CD) Annuities and Money Mkts							

I hereby apply for assistance under the LIHEAP laws of the State of Missouri administered by the Department of Social Services (DSS). I declare that the information I have given is true, correct, and complete to the best of my knowledge. I realize that the information which I have given on this application will be subject to verification by the contracted Missouri Community Action Agency (MCAA). If each household member declared on my application is currently receiving food stamps, TANF, or child support, I hereby authorize the contracted MCAA to use my Family Support Division (FSD) file to document income and resource eligibility for LIHEAP. I hereby authorize the contracted MCAA and FSD to release information relating to my application for LIHEAP to my fuel supplier to determine eligibility. I give permission to DSS to use information provided on this form for purposes of research, evaluation and analysis of the program. I understand that I may be fined, imprisoned or both under state or federal law if I make false statement(s) on this application in order to get benefits I am not entitled to receive.

SIGNATURE ►	DATE ►
--------------------	---------------

RETURN THE COMPLETED/SIGNED APPLICATION WITH ATTACHMENTS TO THE COMMUNITY ACTION AGENCY SERVING YOUR AREA. PLEASE BE SURE YOU HAVE READ THE INSTRUCTIONS CAREFULLY BEFORE MAILING.

YOUR ENERGY ASSISTANCE APPLICATION

HOW TO APPLY AND WHAT TO PUT WITH YOUR APPLICATION

1. Answer every question on both sides of the application. Leaving things blank will cause a delay.

2. Include a copy of your last fuel bill for the main fuel you use to heat your home.

IF YOU HAVE A DISCONNECT NOTICE INCLUDE IT:

- **If your disconnect notice is for another fuel you use for backup of your main heat source, (space heaters, electricity to make your heater work, etc.) contact the agency that is shown in the top left corner of your application. You may be able to get assistance with it as well, and avoid being shut off.**

3. Provide copies of social security cards or other verification of social security numbers.

4. Provide proof of last month's income for every person living in your home, (wage stubs, grant letters or assistance award letters, Social Security award letters, etc.)

- **If you are receiving Food Stamps or TANF, you will not need to provide this information**
- **If you receive child support please provide your case number to allow the agency to get the information on that income.**

5. Sign and date the application

6. Mail the application, fuel bill and income proof to the Community Action Agency serving your county as soon as possible.

- **The sooner the agency receives it the sooner your application can be processed to determine the amount of your payment, and the payment made.**

7. Keep paying your heat bill as you normally would to avoid being shut off.

- **You will get a letter telling you of the amount of payment that will be sent to your fuel company, or to you if your company does not participate, or you heat with wood.**

8. If you have questions or need help in completing this application, call the Community Action Agency serving your county. CAA information can be found at <http://communityaction.org/CAAServiceAreas.htm>.